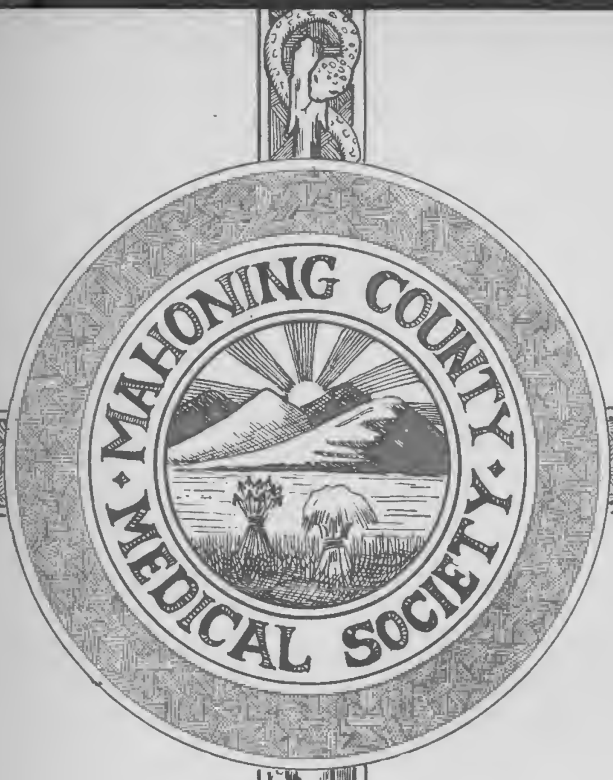

This war has contributed a new saying to Posterity—

"Sighted Sub, Sank Same."

This was action, not words.

BULLETIN

of the

Mahoning County Medical Society

Vol. XII No. 7
July 1942

To the immature digestive system that must consume food in quantities necessary for rapid growth, quality is of prime importance. Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes the bottle fed infant — *from birth until weaning.*

ACCEPTED AMERICAN MEDICAL ASSN.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, vegetable oils and cod liver oil concentrate.

THE MAHONING COUNTY MEDICAL SOCIETY

OFFICERS AND COUNCIL

BULLETIN COMMITTEE

CLAUDE B. NORRIS, M. D., *Editor*

ASSOCIATE EDITORS

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Patronize them—they make the "Bulletin" possible

★ **PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN** ★

BULLETIN of the Mahoning County Medical Society

JULY 1942

Editorial---

DR. SHAFFER TOPS

Dr. Loren W. Shaffer addressed the Society, June 16, on "Modern Management of Syphilis", and dealt with Intensive Treatment, particularly of Early Syphilis. His large audience was delighted. Unfortunately, Dr. Shaffer's train schedule cut short his discussion of Intensive Treatment, much to our regret as well as to his. This loss to us will be made good in some measure, as Dr. Shaffer has kindly agreed to let us have his paper and this will be printed in full in an early issue of the *Bulletin*.

It is to our Society's credit that our enthusiasm for improvement is stimulated, not depressed, by these dark days. If we feel pride in our calling, which is no greater than the privilege to serve, we think Mr. McNutt should be at least indulgent.

Speaking of Mr. McNutt

Not everybody sees things in the same way. Mr. McNutt told us at Atlantic City that we're fine and dandy but that we hadn't shed civies for chevrons with anything like breathless alacrity. We "Pillers" of Society owe our country and our men in the service the best we can give. Nobody doubts that.

But perchance Mr. McNutt hasn't got all the dope. Does he not know that medics have been urged to await classification by our Procurement and Assignment Committee? That was urged shortly ago. Many doctors probably have sought to cooperate, and thus avoid confusion. Further, lets not forget that many who have actually applied for service haven't heard from those in authority. At least that's true of Mahoning County doctors, according to insistent claims here. One thing is sure—several doctors who have been examined languish in uncertainly as to their status. Wouldn't it be a good idea to accept and assign these men before deciding that Barkus (the doctors) ain't willing?

How can we be dead sure about Mahoning County? The only way that suggests itself is that every man who has applied for service call the Editor (3-7418) or drop him a note. Wouldn't that be a good idea? Call not only for yourself but also report any other doctors known to have applied. Some may miss this and because the names of all reporting or reported will be carried next month, we want to include everyone.

Medical men are not only willing to do their duty, they are determined to do so. Any assumption to the contrary is harmful to the morale not of medical men only but to those in all the other services. That will be the more unfortunate because presently the record will show that such a cruel assumption is a base slander and that further assertions of that kind will have all the ingredients of a lie.

—C.B.N.

THE ADRENAL GLANDS IN RELATION TO HYPERTENSION AND DIABETES

J. M. Rogoff, Ph. G., M. D., Sc. D.
Professor of Endocrinology, School of Medicine, University of Pittsburgh
(Abstract of lecture presented at the Mahoning County Medical Society, Feb. 17, 1942.)

The adrenals represent two different endocrine glands, (1) the medulla (chromaffin tissue) which elaborates epinephrine (adrenalin) and (2) the cortex (interrenal gland tissue) which elaborates interrenalin. Epinephrine secretion can be abolished without causing ill effects. However, function of the hormone, interrenalin, of the cortex is indispensable for preservation of life and health.

Clinical significance has been attributed to the adrenals, particularly the medulla, as an important etiologic factor in a variety of diseases, especially hypertension and diabetes. Concerning the latter, Cannon[1] suggested that "some phases of these pathologic states are associated with the strenuous and exciting character of modern life acting through the adrenal glands." He infers that emotional excitement causes the adrenals to pour out large amounts of epinephrine which in turn stimulates the glands to further epinephrine secretion, thus effecting an "autogenous continuance of adrenal secretion." An excess of circulating epinephrine is thus supposed to be responsible for hypertension and diabetes.

Quantitative experimental evidence by Rogoff and Marcus[2] demonstrated the improbability of such an etiologic role of the adrenal in these diseases. Cannon's so-called "Emergency Theory" of adrenal function has been adequately discredited by the investigations published by Stewart and Rogoff. Nevertheless, the fundamental concept embodied in this theory has been widely accepted as a basis for attempting to suppress epinephrine secretion in the treatment of hypertension, diabetes, and a number of other diseases.

Surgical or X-ray intervention at the adrenal glands has become a more or less popular therapeutic practice, in spite of constant emphasis on the lack of an adequate basis for such risky procedures. For years, this practice was justified by acceptance of the emergency theory, but recently even Cannon[3] has finally admitted that "There is no evidence that secreted adrenaline is an important agent in maintaining a high blood pressure."

The following brief summary of some of the results of our own investigations demonstrates that surgical or roentgenologic interference with the adrenal glands cannot be justified by quantitative experimental physiology, and that such therapeutic procedures may be exceedingly dangerous to life and health.

DIABETES. 1. The severity, course, insulin requirement, etc., in experimental pancreatic diabetes, is not significantly altered by suppression of epinephrine secretion.

2. The rate of epinephrine secretion may remain unaltered, but in many cases it has been found considerably diminished in diabetic animals without adrenal interference, experimentally. Prolonged feeding of an excess of dextrose, in normal animals, may lead to a reduced epinephrine output.

3. Insulin requirement is not modified by suppression of epinephrine secretion in depancreatized dogs. It may be high or low regardless of whether the epinephrine output of the adrenals is normal or has been suppressed.

4. Constant intravenous administration of *physiological quantities* of

adrenalin effects a small but definite elevation in blood sugar. This may indicate a physiologic role of epinephrine secretion in normal carbohydrate metabolism. However, it does not follow that the secretion is concerned with the pathologic processes that underly the disturbed metabolism in diabetes. Furthermore, if such a role exists it is not indispensable, for there is no detectable disturbance in carbohydrate metabolism in animals with abolished epinephrine secretion.

5. Significance of various experiments supporting the view that epinephrine secretion plays an important role in carbohydrate metabolism is rendered doubtful by the fact that data were based on the effects of such quantities of adrenaline as are not related to the physiological range of epinephrine secretion from the adrenals. Such experiments can represent little more than pharmacologic or toxicologic observations on the effects of a potent drug.

HYPERTENSION. 1. In animals with experimental hypertension the rate of secretion of epinephrine from the adrenal glands was found to be within the normal range.

2. Unlike the effect of physiological quantities of adrenalin on blood sugar, such quantities are not sufficient to cause a sustained elevation of blood pressure on constant intravenous injection.

3. A minimal definite elevation (15-25 mm. Hg.) in blood pressure requires administration of an amount of adrenaline that is well above the maximum normal rate of epinephrine secretion from the adrenal glands.

4. The amount of adrenaline that is necessary to produce a small sustained elevation of blood pressure is enough to cause serious effects, viz., hemorrhage into the mucosa of the alimentary canal and into the pericardium, etc., within a few hours. This toxic action of such amounts of adrenalin may be fatal within a short time and, therefore, it cannot be assumed that essential hypertension is the result of hyperadrenalinemia.

5. Experimental hypertension which follows renal ischemia (induced by constricting the renal arteries) is not affected by suppression of epinephrine secretion or by uncomplicated adrenalectomy. Complete removal of both adrenals in such animals does not prevent the blood pressure from remaining at a decidedly hypertensive level, even when the animals are given no treatment with adrenal cortex extract or salt and are deprived of the ordinary amount of salt used in seasoning their food.

It is obvious that, since the amounts of epinephrine that would be necessary to produce sustained hypertension or prolonged diabetes would cause other serious consequences that are not related to these diseases, hypersecretion of epinephrine from the adrenals cannot be held responsible for these pathological conditions. An exception may be noted in the case of paroxysmal hypertension associated with phaeochrome tumor of the adrenal medulla. Such tumors may store up to about 100 times as much epinephrine as is found normally in an adrenal gland. It seems very probable that the paroxysms are related to discharge of epinephrine from the tumor since even slight pressure or massage of an adrenal suffices to liberate the hormone from the gland.

Comments On Therapeutic Procedures

Surgery is, of course, the proper procedure in cases of unilateral malignant neoplasm of the adrenal, provided that it is certain that the opposite gland is functionally adequate to sustain life. The same applies concerning some other, less malignant, forms of adrenal involvement, e. g.,

certain masculinizing tumors in young females, where the condition can be identified definitely as being associated with unilateral cortical adrenal adenoma. But the burden of proof rests upon the proponents of the view that there is thereapeutic justification for surgical or X-ray treatment of the adrenal glands in diabetes or hypertension.

The danger of adrenal denervation as a clinical procedure was illustrated in the report of a case of Addison's disease which resulted from an attempt to treat diabetes by this procedure[4]. A number of other similar instances, with fatal results, are known. Such reports do not find their way into the literature as readily as alleged cures.

Surgical manipulation in the immediate vicinity of the adrenal glands may lead to damage of the vascular supply to the glands. This may easily lead to ischemia, thrombosis, infarction and degeneration of the indispensable cortex, causing serious or fatal adrenal insufficiency. Experimental Addison's disease has been successfully created in animals by this process, following sub-total ligations of adrenal blood vessels[5].

Treatment by X-ray, on the assumption that this can diminish or abolish epinephrine secretion, seems even less justifiable than surgical intervention at the adrenals. If the dosage is adequate for destruction of the medullary cells, it should be expected also to cause equal damage to the cells of the cortex. If a mild, so-called erythema, dose is employed, there is evidence that this induces hypersecretion of epinephrine. Thus, either serious damage to the cortex or else the opposite of what is theroreticaly intended in the medulla may be the consequence of X-ray treatment.

The practice of *sympathectomy* is less dangerous, but subject to equally valid criticism. Like other denervations, regeneration of nerves may be expected to occur and any supposed benefit of the operation can only be temporary. As in the case of partial adrenalectomy, functional regeneration or compensation may be expected to occur. Alleged relief of genuine hypertension may be questioned. Certainly, sympathectomy cannot be assumed to remove the etiologic factor in hypertension, but it can be assumed to add a complicating factor to the disease.

The fact that blood pressure, measured in the upper extremity, is lowered by a condition which induces retention of more blood in the large vascular bed of the lower extremity, is no indication that a favorable result has been obtained in a hypertensive patient. So-called "postural hypotension," due to this very phenomenon, constitutes a possible aggravating circumstance from a physiological viewpoint. If this condition subsides it may be assumed that regeneration of nerves has taken place and the purpose of the operation has been defeated.

From the foregoing discussion, it appears self-evident that the supposed relation of the adrenal glands to diabetes, hypertension, and various other diseases, does not rest upon a sound foundation. It is equally obvious that the therapeutic practices of surgical or X-ray intervention at the adrenals are not based upon adequate scientific premises. They should be regarded as empirical procedures of doubtful merit and of potential danger to the life of the patient.

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3. Cannon, W. B. Bulletin N. Y. Acad. Med. 16:3, 1940.
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STATE SOCIETY HELD IN YOUNGSTOWN 1889

The Mahoning County Medical Society held its regular monthly session at the office of Dr. M. S. Clark, Monday, March 11, 1889.

Owing to the temporary absence of the President, Dr. J. E. McCurdy was elected president pro tem.

The minutes of previous meeting were read and approved.

The Censors reported upon the name of J. J. Erwin satisfactorily and upon their recommendation, the society elected Dr. Erwin a member by a unanimous vote.

Dr. J. C. Cone, the essayist of the evening, then read an essay upon "Constipation."

He defined constipation and stated thus between that and costiveness, normal actions of the bowels were necessary to know that we may recognize disease. The various symptoms were described, and how they are similar to other troubles. The various causes of constipation are, mechanical obstruction, atony of large intestine, lack of habit, anomaly, sedentary occupations, cerebral diseases, use of cathartics, etc. He said that laxatives are better for constipation than cathartics, except at first dose a good cathartic.

Of the various foods, he mentioned concentrated foods very poor as they do not stimulate peristalsis of the intestine after the nutriment has been extracted. He said that a child should be trained to the habit of proper evacuation.

Fruits should be an article of daily food. A call to defecation should never be neglected a moment after the call is made. In infants 5 to 6 months old or after, in constipation the starch foods are necessary.

Purgatives are always contraindicated.

Aloes is about the best remedy for constipation.

The paper was accepted by the society and discussed by the members present.

Dr. McCurdy said that glycerin to produce evaction of bowels is a filthy, dirty and annoying remedy.

Dr. Timothy Woodbridge said that glycerine acts promptly 2 dr. at a time is sufficient. Dr. McCurdy said he had used 1/2 oz. at a time.

Dr. Erwin asked what the physiological action of glycerin is under such circumstances and Dr. Clark said it was owing to its affinity for water. Dr. Clark also spoke of the plan of stretching the sphincters.

Dr. Aschman spoke of massage and the rolling of a ball in the line of intestine.

Dr. McCurdy read a report of cases. A woman the mother of 4 children was subject to epileptic seizures. The attacks occured every thirty days and from 2 to 5 days before monthly period. The diagnosis was, epilepsy from diseased ovaries. Prescribed bromides with semi-effect. Both ovaries were removed. Has now passed over period 8 days and has had only one attack. Dr. McCurdy showed the ovaries to the Society. The paper was received.

Dr. Aschman spoke of incoordinate movements of the muscles of the eye causing epilepsy. Drs. J. J. Louis and M. D. McCandless failed to respond to their assignments on the programme and were fined.

Dr. McCurdy, chairman of the committee on entertainment for the State Medical Society reported that he had secured Wick Hall at the rate of $10.00 per day and if evening sessions were held the gas used shall be paid for.

On motion a subscription paper as drawn up by the Secretary, was ordered, the mode for obtaining subscriptions for the purpose of entertaining the State Medical Society at their meeting in Youngstown in May next. All present signed amount opposite their names.

The following assignments were then made for the April meeting; Paper, J. S. Cunningham, Progress, J. E. Woodside, Cases, Aschman and Campbell.

The following members were present. Drs. M. S. Clark, McCurdy, Hawn, J. A. Woodbridge, T. Woodbridge, Klein, Barnes, Cunningham, Wickham, Irwin, Cone, Aschman.

There were also present Drs. Stafford and Blott.

The meeting then adjourned.

W. H. WHITSLAR, Sec'y.

DR. LAWTON OPTIMISTIC

(Letter Postmarked May 18th, Received June 9th, 1942)

U. S. S. Sumner
Afloat.

Dear Claude:

Big time aboard ship today. Received six bags of mail from the good old U. S. A. We are taking on fuel and the oil tanker brought mail as well as the oil. (Both are important to win a war). In my mail from Ohio was the *Bulletin,* the first I have received. (It was the March issue). That *Bulletin* really frightened me—the amount of work the M. D.s are doing in Mahoning County. That's swell—but take the fellows in service from the Honor Roll and make up a new one for the fellows who are staying at home and doing the work.

Service in the U. S. Navy is fine and there are plenty of interesting jobs for the M. D. to do. To date I have been on practically every type of ship and have enjoyed them all very much; was transferred at sea once to a Dutch ship for two days and really enjoyed that—probably because of the Dutch beer. (Something the U. S. A. ships never see at sea.) However, I am now on my own ship which is very interesting duty—good sick bay and ward—good equipment — excellent help — furnished by the Navy Hospital corpmen. These men are exceptionally well trained—carry out orders without a moment's hesitation and do it well.

The regular officers of the Navy and the Reserve officers are a fine group of men, with whom I am proud to be associated. However, the enlisted men — the crew — are the boys who do the fighting and the real work. The U. S. Navy may or may not waste your money—but believe me these boys do not waste ammunition—when they fire these guns they just do not miss. If they are just a little off the button the rest of the crew take time to put in a razz. There are many unusual sights in the south west Pacific—I think the strangest I have seen is a lot of Japs trying to swim in salt water with their clothes on—very queer people.

Something made the U. S. Navy mad and about three weeks ago they started to fight for keeps—so now it will only be a short time until I will be home again working. Anyone who thinks it will take long now—is just not thinking right. Would like to write more—which is impossible.

Best regards and wishes for Mahoning County Medical Society — they should be as proud as any armed force—and should have a medal.

Be seeing you soon,

O. M. L.

P. S.—Saw Joe Keogh at Pearl Harbor. That was a long time ago.

Lt. Comd. O. M. Lawton
U. S. S. Sumner
c-o Postmaster General
San Francisco, Cal.

SOME OBSERVATIONS OF THE ATLANTIC CITY MEETING OF THE HOUSE OF DELEGATES OF THE A. M. A.

By WM. M. SKIPP, M. D.

There was not the same hustle and bustle that I have observed at previous meetings of the house, in that everyone seemed to be more serious and that the business at hand was more in keeping with the times and state of anxiety of our own nation, the delegates representing the medical profession realizing the great necessity of unity and the great responsibility they were assuming in these critical times.

The first roll call revealed an almost 100% response from all parts of our country, indicating again the feeling of responsibility of each and every delegate. The speaker of the house, the president and the president-elect made short addresses, of which I urge you to read in the June 20th journal of the A. M. A.

These addresses again urged the necessity of continued co-operation with all departments of the government—Dr. Lahey emphasizing the need for continued education of our younger men, in that we are at war and he remarked that he had found in his travels, much to his surprise, a marked lack of enthusiasm of all classes of our people, not only the doctors, in the matter of making war.

Dr. Rankin also underscored the lack of interest of the younger men of the profession in getting into the service of our country, saying that the older men were more willing, but this is a young man's war and the older fellows have to keep the home fires burning.

The committee reports were very interesting. The medical preparations report should be read by all, as it throws light on the armed forces' needs and the tremendous amount of work performed by busy men in that committee.

New business brought a flood of resolutions on subjects of every description.

The annual banquet was addressed by members of all the armed forces of our country, again urging the medical profession to awaken to the fact we are at war and finally by Mr. Paul V. McNutt. May I urge you to read his address! Reading it does not give you the personal urge that was imparted by Mr. McNutt but he did emphasize the way the government needed doctors and if the young men did not enlist they would be taken in some other way. Your profession, he said, has been entrusted with seeing that the armed forces are supplied. Also that communities that are vital to defense have to be supplied. The older men are performing and have performed a good job but there is still room for improvement in the ranks.

These necessities are going to be taken care of—if not by volunteer means—other means will be used.

His definite attitude of force left no other feeling than this was the first step toward government control of medicine now and after the war.

He did not think we understood what he had told us the night before so re-appeared on Tuesday and with the same force and unfriendly attitude toward the medical profession.

The third session was called in executive session at which time by very much force on the part of a few of the delegates a resolution was passed approving the work and methods of education of the American public by the National Physicians committee.

At the general session on this same day many more resolutions of all types were introduced. One by the Ohio Delegation on a Refresher

Course for medical men leaving the service with co-operation of State Medical Societies and all medical colleges, attempting to have men desiring such a course to be furloughed on full pay by the government and bringing these doctors up-to-date so they could get back into civilian practice without a hitch.

The final session terminated with election of officers for the next year.

There were re-elections of all fixed officers and election of a man from Atlanta, Georgia, Dr. James E. Paullin, who was a delegate representing the Section of Practice of Medicine, but because he was slated to be president, and the constitution says a member of the house cannot be elected, he did not register, so he could be elected.

Thus, after 4 days of continuous work in sessions and committee meetings, we called it a day and returned home with this feeling that the job of running the business of the A. M. A. is gigantic and is handled by many of the old heads in a grand way but again I noticed that there is a change in the age of the delegates—they are gradually becoming younger, many new faces appearing, taking their places where they can and will do the task of running the business of this great medical organization.

It does run without a hitch and is guided by able hands at all times.

There is a little guiding in some spots but by a little force the lock can be broken if enough force is applied.

The Girls Sneak A Picnic

All unbeknownst to the *Bulletin* our ladies of the Auxiliary had their pre-vacation round up, June 16th. It is reported (by grapevine) that they had a picnic that all will remember happily for a long time. The scene of this jolly affair was Birch Hill Cabin in Mill Creek Park.

Mrs. John McCann is the Social Chairman for the Auxiliary and Mrs. John Renner was hostess for this occasion. Others assisting were Mrs. Joseph Keogh, Mrs. Herman Kling, Mrs. E. J. Wenaas, Mrs. R. H. Middleton and Mrs. O. M. Lawton.

The program chairman, Mrs. W. D. Coy, presented Mrs. F. C. Heintzelman, who spoke on "Mill Creek—Our Heritage."

SECRETARY'S REPORT

The regular June Council meeting of the Society was held at the office of the Secretary on the 8th of the month.

The regular monthly meeting of the Society was held on the 16th of the month at the Youngstown Club. The speaker Dr. Loren W. Shaffer, Director, Social Hygiene Division, Detroit Department of Health and his subject, "Modern Management of Early Syphilis". Dr. Shaffer is one of the nation's outstanding syphilologists.

Members entering military service please notify the Secretary in writing, stating rank, date and new address.

G. M. McKelvey, M. D.
Secretary.

Honor Roll

In Military Service

From Private Practice

Raymond S. Cafaro	J. S. Goldcamp	Asher Randell
Richard V. Clifford	Joseph P. Keogh	J. A. Renner
Martin E. Conti	John E. L. Keyes	J. A. Rogers
A. R. Cukerbaum	S. J. Klatman	Samuel Schwebel
Sidney L. Davidow	Herman H. Ipp	Henry Sisek
Samuel Epstein	O. M. Lawton	W. J. Tims
S. D. Goldberg	Stanley A. Myers	Herman S. Zeve
	Thomas E. Patton	

St. Elizabeth's Internes

Nathan D. Belinky	Stephen W. Ondash	Geo. L. Armbrecht
John T. Murphy	Donald Birmingham	David D. Calucci
Edw. F. Hardman	Morris I. Heller	Adanto D. Amore

Youngstown Hospitals' Internes

Louis R. Kent	Charles R. Sokol	W. Frederick Bartz
Paul W. Suitor	Woodrow S. Hazel	Frederick R. Tingwald

St. Elizabeth's Hospital Nurses

Ann Hassage	Ann Dorsey	Ethel Baksa
Rose Vertucci	Margaret M. Hogan	Mary Ribich
Virginia Frame	Josephine Malito	Ann Pintar
Ethel Yavorsky	Hilda Cherasin	Regina Aleksiejezyk
Catherine Doyle	Alma Pepper	Margaret Meletic
	Mary Klaser	

Youngstown Hospital Nurses

Betty Boyer	Katherine Keshock	Ursula Thomas
Margaret Davis	Dorothy Oswald	Madaline Vrancich
Dorothy Dibble	M. Schnurrenberger	Ellen Andre
Mary Hovanec	Mary Taddei	Mary Louise Smith
Agnes Keane	Freda Theil	Stella Sylak

We shall do our very best to carry each month the names of all medical professional people who are in any branch of Military Service. In order that we may miss nobody, will those who enter the service, and other members of the Society, please see that I am notified promptly? Furthermore, we at home would be delighted to have a word from you for the Bulletin. Won't you tell us about yourselves and as much as you can about your service?

CLAUDE B. NORRIS, Editor Phone 37418

Honor Roll

The following Physicians received commissions July 2, at Youngstown Hospital

O. A. Axelson
A. W. Beale, Warren, Ohio
J. H. Bolotin, Warren, Ohio
B. M. Brandmiller
Kenneth E. Camp, Interne Youngstown Hospital
H. E. Chalker, Girard, Ohio
G. E. DeCicco
W. E. Goodman, Interne Youngstown Hospital
M. M. Kendall
A. Marinelli
H. P. McGregor
L. H. Moyer
C. W. Muter, Warren, Ohio
E. C. Reno, Canton, Ohio
C. W. Sears
L. S. Shensa
D. Thomas, Niles, Ohio
R. W. Trotter, Interne Youngstown Hospital
C. C. Wales
J. A. Welter

The following Dentists received commissions July 2, at Youngstown Hospital

W. S. Port, Youngstown, Ohio
Robert Price, Youngstown, Ohio

DON'T MISS THE

Annual Golf Meet

Thursday, July 16th

YOUNGSTOWN COUNTRY CLUB

SINCE LAST MONTH

At the annual meeting of the American College of Physicians held at St. Paul, Minn., April 22nd, 23rd, and 24th., Drs. John R. Noll, Jr., Lewis K. Reed and Wendell H. Bennett were made fellow members.

We have so far been able to find that the following attended the American Medical Association Convention in Atlantic City last month. Drs. Collier, A. E. Brant, Gross, Neel, A. M. Rosenblum, Scarnecchia, Kupec, Lewis, Odom, Belmont, Rosenfield, Sedwitz, Morall, Skipp, Harvey, and Stewart.

Dr. Herman Ipp, stationed at the field hospital at Kelly Field, Texas, has been promoted from first lieutenant to Captain.

Dr. and Mrs. W. B. Turner attended commencement exercises at Connecticut College, New London, Conn., where their daughter, Mrs. William Brownlee McKelvey received her degree.

Dr. and Mrs. R. B. Poling announced the engagement of their daughter Ruth Elizabeth, to Mr. Keith Watson of Chicago. No date has been set for the wedding.

Jake Turner, son of Dr. and Mrs. W. B. Turner has arrived home from Phillips Exeter Academy at Exeter, N. H., to spend summer vacation.

Dr. Donald A. Miller, has been commissioned a captain in the army medical corps stationed at Lawson General Hospital, Atlanta, Ga. Dr. Miller interned two years at Youngstown Hospital.

At the June meeting of the Staff of St. Elizabeth's Hospital Dr. A. M. Rosenblum presented a paper on his observations on one hundred and thirty-three cases of Coronary Thrombosis during the past ten years. Drs. M. W. Neidus and R. B. Poling discussed the paper citing their own observations.

Dr. and Mrs. P. J. McOwen have taken possession of their home in Logan Brooke and Dr. and Mrs. J. J. Wasilko their home on Gypsy Lane.

Dr. and Mrs. M. M. Szucs announce the birth of a son, David Howard, in St. Elizabeth's Hospital, on June 29th, and Dr. and Mrs. Samuel Tamarkin a son, in St. Elizabeth's Hospital on June 24th.

Time To Get Tough

On Sunday, June 28, the press reported the arrest of eight German spies loaded with instruments of death for American citizens. Their hidden uniforms, a large sum of money, maps and plans for sabotage, bear complete evidence that these men intended to destroy our property and kill our citizens.

This is war at its meanest. Hell was to be perpetrated upon us by enemies who have lived amongst us, who have profited because of our hospitality, whose knowledge was gained only by their pretense of friendship.

Why trouble to run them down if we are not to show these dastards, and all others that what they planned for us will be meted out to them?

The verdict of guilty should bear only one penalty.

The Firing Squad!

Are we mice or are we men?

—C.B.N.

ALONG THE BATTLE FRONT

Not All Men Think Alike

Lewis T. Buckman, M. D., Wilkes-Barre
President, Medical Society of the State of Pennsylvania
(Pittsburgh Medical Bulletin)

One of the most satisfying and stimulating experiences in life is the realization that comes to mature men and women, that not all people think alike.

Like most fathers and sons, I suppose my father and I clashed as often as others in settling rules of my boyhood. I have forgotten most or all such occasions, but one has stayed with me, and in the light of dawning intelligence it has come to me that perhaps the fact of its fixing itself on my mind proves that somewhere about that time I began to realize that all do not think alike. For some reason at the time, I was to have a new pair of rubber boots. I was given permission to buy the type that came to the knee. That was not what I wanted. I wanted the wader type with extension above the knee that could be strapped to the thigh. Father held out for the knee-length; I for the thigh-length.

"You get what I say, or none at all," he pronounced.

"Very well," I answered, "then I get none at all."

And I didn't; and I realize now that from that point began my education, which has permitted me tonight to enunciate the startling principle that not all men think alike.

This country would never be what it is today if all men should think alike. The development of the most powerful industrial nation in the world today, based on democratic principles of government, themselves recognizing the right and the need of each man to think for himself, was made possible—and from a wilderness was created an industrial empire—because free men do not always think alike.

The explorers, the pioneers, the Yankee peddlers, the backwoods traders, the frontier doctors, pushing the boundaries of civilization ever westward from the Atlantic, were individualists. They found their beginnings in the escapists from European dogma, from royal and ecclesiastical and baronial persecution. They just did not think like the rulers of church and kingdom from whom they escaped.

As the wilderness was tamed, American ingenuity and inventiveness built an industrial empire the like of which the world had never seen. They established and developed a scale of comfortable living that the Old World had not known. These things were possible because free men do not think alike, but being individualists and competitors, they advance.

There have been times, however, when the security of our nation has been threatened because men do not think alike. A great civil war split us asunder when the way of life and the minds of men in two sections were opposed. But out of this difference came a stronger nation; stronger, because the victor, while establishing central government for all. accepted likewise a modified principle of states' rights from the vanquished. We will become still stronger when this principle of states' rights is modified; when, as an example in our own sphere, medical licensure is uniform and physicians are not restricted by inequalities in the laws of the several commonwealths of the nation.

Let us be sure, however, that the

inequalities in requirements are eradicated by raising the lower standards, never by debasing the higher. Do not misconstrue this as a plea for the unlicensed foreign physician, whether refugee or not; it is a plea for raising standards in backward states to a level uniform with those of our own Commonwealth.

We are at war because we recognize that men do not think alike. We fight the principle of Weltmacht enunciated by Herr Schickelgruber, because we will not have fastened on us the stigma of not being allowed to think. Japan seeks to fasten on the Orient the omniscience of the Rising Sun. Does Britain lose Hong Kong, Singapore, Burma, and does she stand a good chance to lose India and Egypt because she has not allowed her subject peoples to think for themselves, or because she has never been able to educate the native and his leaders to think alike with the product of English public schools and universities? Are we witnessing the disintegration of the British Empire because of the great divergence of thought between races? Or is it as Voltaire said:

"Men use thought only as authority for their injustice"?

The heroic resistance on Bataan and at Corregidor; the belief that much of the Philippines still is free, have been possible because we taught the Filipinos the principles of free government, of free schools, of sanitation; of national unity and of pride in home and country, instead of subjecting them to economic and civil slavery. The Filipinos are our allies, not our unwilling mercenaries. We do not understand China, and China is suspicious of the Occident, but we will fight for them and their right to think for themselves.

The greatest colonizers of the world, the Dutch, have lost their overseas empire and, so far as we can understand, largely because of the defection of the natives they have colonized. They have failed in 400 years to do what we accomplished in 40 in the Phillippines.

The Four Freedoms have been held up to us as the ideal for which we fight; they all can be summed in one: freedom of thought.

What else could it have been that made this nation powerful, peopled by English, German, French, Slavish, Italian, Scandinavian, Dutch and other nationals, when these mother nations themselves have failed to keep inviolate their frontiers, intact their colonial possessions? What else could it have been but the failure of their people to retain the right to think or the refusal of their governments to let their colonials develop the right to think?

How much has American medicine contributed to the thinking processes of our citizens? It has been declared with ample assurance that the United States Army takes the field not only in better physical shape than any other army of the world today, but is the most intelligent and best educated fighting force now engaged. Physical fitness and intelligence both come from sound bodies and healthy physiques. If we had contributed no other item to our nation's defense, our profession could still take pride in the health of our people and their sons who have been sent to war.

We are, however, making a greater and more personal sacrifice to our nation's defense. Daily are hundreds of our younger physicians being called to the colors. One can not ignore this, nor pass over lightly the disruption of home, family, and practice made necessary by our nation's needs. We can and must respect that which those in the armed forces are doing for us at home; we can and must hold out for them the assurance of resumption of cordial professional intercourse on their return.

July

Contrary to the feeling sometimes expressed, military service does not mean the end of all they have known before. Though they may not realize it in the confusion and apparent futility of military practice, many will return who will be the better for it; to take in their communities an even more active and respected place than they enjoyed before. Others may find in new friendships, in acquaintance with older men of other communities, in their service in other parts of the country and the world, a desire and an opportunity to settle in distant places and to go on to a richer and fuller professional life than they could ever have developed at home.

The development of the specialty of pediatrics has produced unbelievably notable results in improving the health of the nation. Picking up the job where prenatal care had reduced maternal and infant mortality, pediatrics has carried our children through healthy childhoods to contribute no small degree of the reason why our living population has increased in the last 40 years. This is an example of clear thinking by American medicine.

However, with reduced birth rates and restricted immigration, these children growing to adult years are swelling the brackets in the older age groups.

Again the thinking minds of American medicine, observing the increase in the aging group, and realizing the proclivity of the old to die of diseases typical of their age, have devoted their efforts, if not to cure these diseases, at least to make them less devastating and to make their sufferance less oppressive. We have pointed out the need to alter the life and responsibility of the older workers, that they may still fit into our modern industrial economy, not alone with the altered physical stamina of old age, but with the diseases we know to be expected in those later years.

1942

Forced retirement on old age pension might more often be cruel than helpful. How often have we heard the individual of 65 bewail his unfortunate lot; how often has he said, when deprived of the right to work, even on WPA: "I can still do a day's work—and I want to." To the one mentally and physically able, forced retirement may well be the death warrant; if not physical, at least mental, with its stultifying condemnation of energy and pride in work.

Granted that with advancing years in the skilled trades as an example, comes a slowing of physical strength and muscular reaction and coordination, the mental processes may still be active and even more valuable to the trade because of the experience, the judgment, the pride in craftsmanship, that are the rewards of later life.

So has developed the specialty of geriatrics, as thinking minds of American medicine have pictured our changing population and its ills. If pediatrics was the wonder specialty of the past 30 years, will geriatrics develop to the point where the specialist in diseases of the aging will hang over his door:

"Children under 65 not allowed here"?

Thus has American medicine contributed to this war a nation that can produce the healthiest, best fed and most intelligent army of all the combatants. At the same time, we see ourselves dangerously near to losing this freedom of thought which has been the basis of the development of our country and the basis of the development of our medical knowledge.

We see ourselves near to losing our freedom of thought because our elected servants in public office have planned it differently.

What can we as physicians and

citizens expect of the future? Do you recall the disturbance in our ranks in the '20's in the threat of veterans' hospitalization? Does it not seem trite at the present to look back on those years and recall the alarm with which we watched the spread of the Veterans' Administration? We can well make up our minds now that the picture will be repeated at the end of the present hostilities, multiplied many times over.

We have fought regimentation, but a greater regimentation than any we pictured has been forced on us by the needs of common defense. The ultimate objective behind the National Man-power Resources Board headed by Mr. McNutt can not even be pictured by the individual. It lies hidden in the M-day plans of the minds of those who plan it that way in Washington.

If we can not foresee the future, of this we can be reasonably sure: that the policies of our Government will not be dictated by either the Republican or the Democratic party. They will be dictated by a third party, probably a Labor party, because we can not at present see any groups powerful enough to seize the power that has been denied both Republican and Democrat, except that group which has been favored by legislation and court decree above all other groups of this country.

You recall the rise of gangsterism in the Prohibition of the '20's. You recall that Prohibition was foisted on the country as a war emergency. You recall that millions of young Americans returned to civil life in 1919 without jobs, their schooling and apprenticeships having been interrupted in 1917. Trained to use arms, machine guns; trained to the outdoor life and the highway; trained to the use of that new method of transportation, the motor-truck; is it any wonder that they turned to Prohibition, high-jacking and gangsterism? The same aimlessness and despair motivated the German youth after the mutiny of the fleet in 1918, and continued until the rabid leaders of Hitlerism seized their fancy.

Have you tried to picture what will be the outlet of the energies of 4,000,000 young men returning to civil life from our armies after the present conflict? There will be made work by public agencies; there will be unprecedented demands for building reconstruction here and abroad; there will be an enormous increase in the commercial aviation industry; there will be enormous activity in converting war industries again to the manufacture of automobiles, refrigerators, radios and tires; there will be an even greater expansion of motor highways and motor travel than ever before; there will be a lush field for the labor organizer; there will be a struggle for power in the high commands of labor; there will be recruiting of labor guerrillas; and the same element that turned to high-jacking and gangsterism in 1919, looking again for an outlet for their energies and talents, will turn to organizing and controlling labor. That, I predict, will be the picture of events if policies continue as they have.

For the propertied class, the professional man, the clerk: this promises to be a wilder reconstruction than the South experienced in the late '60's. And the medical profession will be among the first to feel the threatened changes.

"No," you say, "I don't agree with you."

"Fine," I say. "Isn't it fortunate that not all men think alike?"

Or shall we leave it to Voltaire: "I disapprove of what you say, but I will defend to the death your right to say it."

How in the past have we tried to

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forsee the future? Well, when someone came along smart enough to visualize hospitalization insurance, we failed to see it and fought it, not in principle but in detail. Yet this was something the people wanted and, as a result, the non-profit corporations have prospered.

When its corollary, prepaid medical insurance, came along, some of us saw the future in one light and paved the way for it in this state. Some saw it in a different light and fought it and even now refuse to support it. But I will also make the assertion that in the post-war readjustment to come, our non-profit Medical Service Association will be one of the vital factors to help us stabilize medical practice somewhere near what we have enjoyed in the past on the basis of private initiative.

There is no time, however, to wait for this war to be over to prove the worth of non-profit prepaid medical service. Even now are heard threats of legislative action to modify our own enabling act to place its control under the state. This must be anticipated by early action on our part to strengthen our insurance corporation, to expand it, to teach the public to use it, to teach the profession to support it, and to demonstrate that private initiative properly organized can furnish the people that which the agitators would segregate in a bureaucracy.

When Budget for Health is proposed, the principle justifying its need and establishment is clouded by the human frailities of individuals, whose peculiarities of behavior should not damn an entire medico-economic system.

Think, America! Think through and see the principle behind methods. Look for the trees; not the forest. Let us emphasize our God-given right to the freedom of thinking. Let us recognize that all do not think alike, but let us take the best thought of most men and face a future that need not be gauged by freedom of speech, freedom of religion, freedom from want and freedom from fear, but will be measured by the degree with which we have preserved the right to freedom of thinking; for in this is the freedom of opportunity. Men came to this country for freedom of opportunity, the right to free thought. They wedded to women who had the same desire, and created a vast and strong nation that now fights for that same freedom to think. Because the nation built on such a foundation is a free and a strong nation, it will prevail. And when it does, let us meet the changes engendered by the peace and the world responsibility inherited with the victory, and let us go on, however much our personal professional lives may be altered, to make our nation a still stronger home for our children and our children's children, accepting the changes in our way of life as need be, but preserving above all the right of men not to think alike.

War Wounds and Compound Fractures

(Pittsburgh Medical Bulletin)
(Read January 8, 1942, at the annual meeting of the New York Academy of Medicine, by H. Winnett Orr, M. D., Chief Surgeon, Nebraska Orthopedic Hospital, Lincoln, Nebraska.)
(Bulletin of New York Academy of Medicine)

I wish to refer briefly to the report of the Committee on Fractures and Other Traumas published in "Surgery Gynecology and Obstetrics," November, 1941. This resolution was adopted at New Orleans last January. The conclusions of the Committee may be summarized as follows:

1. The use of snug-fitting plaster encasements in initial treatment of acute compound fractures is inadvisable.

2. Early splinting, utilizing fixed traction, should be followed by adequate debridement at the earliest possible time.

3. Wounds of the soft parts, not involving bones, joints, nerves or tendons, may be closed by secondary suture when bacterial checks in the laboratory prove that closure of the wounds is permissible.

My answer to these three proposals in general is that they represent the point of view that prevailed during the World War of 1914-18. That our results then were most unsatisfactory no one now attempts to deny.

With regard to the use of plaster, thousands of surgeons are now prepared to assert that properly applied plaster of paris casts may and should be used immediately after compound fractures. If such fractures are reduced, if the limb is put in the cast in correct length and position and if the wound is protected against secondary infection, this represents, to many of us, ideal treatment (which permits transportation) under any circumstances.

With regard to temporary splints and secondary debridement, this involves secondary trauma to the wound, disturbance of the limb and the patient, and revision of the fracture. Many of us feel that such treatment is quite wrong. Primary reduction, direct or indirect fixation in plaster of paris casts and with no change for several weeks is much to be preferred. This method is in extensive use here and in war areas abroad.

With regard to the closure of wounds, there are practically no such wounds such as those described by the Committee as suitable for primary or secondary closure. We are not much concerned about abrasions and skin wounds, but for those which do involve tendons, joints and bones, more important surgery, operative and postoperative, primary and secondary is required.

The outline of treatment proposed in the Committee's report is an outline which was carefully considered, thoroughly tried and largely discarded after our military experience twenty years ago.

One of the common misconceptions with regard to the infrequent-dressing method is that the patient is likely to become septicemic, pyemic or toxic as a result of foul smelling dressings or casts. That a bad odor is a necessary concomitant of this method is an entirely erroneous idea. Such wounds and discharges as do have bad odors, have been because of contamination with certain saprophytes that occurs at the time of injury, at the time of operation, or quite often because of careless secondary dressings. . *In most of our cases,* whether of wounds or compound fractures, *no post-operative odor is associated* with the case at all. The patients we receive late, after they have been contaminated already, are sometimes difficult to clean up and

for a time may have disagreeable odors. Even such cases, however, can usually be kept clean and dry so that the odor disappears. Then they make a satisfactory convalescence without further difficulty from odor or otherwise.

Another misunderstanding as to skeletal fixation is that the primary reduction and fixation of the limb must undergo revision and readjustment if found that the fracture surfaces are not perfectly approximated. Spaces between the ends of the fractured bones will fill in with callus and bone repair if they are truly immobiblized in correct position and are undisturbed during convalescence. No delay in union is to be anticipated even if the fragments are slightly separated.*

A diversion that is a common cause of inefficiency in fracture treatment arises out of the idea that the patient will be better off if he is made ambulatory. *There is seldom any justification for trying to get a leg or femur fracture patient on his feet.* As for moving joints in the vicinity of fractures, this is still as wrong as it was before skeletal fixation was invented. Certain complications, such as localized infection, failure of union and even stiffness of joints are much more likely to occur in any ambulatory fracture patient.

A final point that I should like to emphasize is that it is seldom necessary to experiment upon the patient with new methods or techniques. It is quite possible to decide upon theoretical grounds whether a new treatment is likely to do more harm than good. If a proposed treatment is inefficient for fracture reduction, if it fails to provide or prevents adequate drainage of an infected wound, if there will be motion or muscle spasm or pain in a fracture area, if the fracture must be readjusted after reduction, or if the wound must be traumatized or exposed to reinfection, the new method is probably not worth a trial. It will usually be better to adhere to the methods we now have and that do not neglect or violate the fundamentals of reduction, asepsis, drainage, immoblization and rest.

It is always the duty of the surgeon, not only to provide proper conditions for recovery, but to protect the patient, as far as possible, against his own voluntary or involuntary violations of the treatment regime, or other indiscretions.

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* The contention that the ends of the fragments separate because of absorption and must be brought together by secondary adjustment is also wrong. If the fragments are in correct position and truly immobilized from the beginning, absorption at the ends will not occur.

On First Aid

(Milwaukee Medical Bulletin)

The doctor knows that the layman who has been appointed as an instructor is qualified to teach first aid. He has spent many hours in study and has successfully completed all courses to receive his instructor's certificate. He has passed an examination prepared by medical and lay men. In short, he knows his first aid and is qualified to teach it.

Few people realize, when a doctor teaches a first aid class, how much time and effort went into the preparation for his lecture. He studied the manual as carefully as did his students. He read and reread the text many times.

The doctor who attempts to teach first aid without first studying his text is robbing his students as well as himself. If he forgets about his class until the last minute and does not prepare for it, he stumbles through it badly and very often gives a lecture on "treatment" and not first aid. Unless he has studied as his students have he will not be a fit teacher, for nine times out of ten he will disagree with the text on his first reading. Unless he has seen the teachings of the manual in action he will very

often consider them outmoded. When he reads of the application of a traction splint he may think it barbarous. However, once he has seen the splint applied on a fractured leg, once he has been able to save a leg which a first aider put in a traction splint, he begins to understand the importance of these methods.

There are those who have spurned the First Aid Text-Books as the work of rank amateurs. Anyone who offers such criticism has to answer to the American College of Surgeons, the Bureau of Mines, the American Association of Railroad Surgeons and the National Safety Council, for the text is approved by all of these.

In addition to learning the text book and the methods of caring for accident victims, the instructor is faced with the problem of presentation. After reading the book the student very often finds that he knows words and facts but nothing more. He needs to see actual cases. In a classroom he may see an arm bandaged as it lies thrust straight out from the body. This would not be possible if the person cared for were actually injured. The student must see the work done as it would be on a real injury.

Showmanship Needed

This calls for showmanship on the part of the instructor. Both the doctor and the lay instructor must plan the class and the particular phase which is to be presented. First aid instruction must of necessity be visual; it must be dramatic. One can talk of a broken bone piercing the skin, of a twisted body, of a severed artery, but if he has not seen each of these cases it will not leave much of an impression upon him. If a person uses his imagination alone he can usually learn what should be done in case of an accident. Can he, however, stand up under the strain if he sees a victim under the actual conditions of an accident? Will he faint or become sick at the sight of blood or an injured member? These are the things that the instructor must consider when teaching his class.

In one class the doctor makes it a custom to produce conditions as actual as possible. If the lesson calls for instruction on the care of a severed artery, he arranges to have his victim appear to have a severed artery. By means of a concealed rubber bulb and tube containing beet juice a blood-red fluid spurts from the wound just as it would if the artery had been cut. The student who watches this operation is not going to forget it; nor, at the first sight of fast flowing blood, will he forget what he has learned when he is called upon to care for such a wound.

MEDICAL-DENTAL BUREAU

The annual meeting of the Medical-Dental Bureau was held on Thursday evening, June 25th, in the Piccadilly Room of the Tod Hotel. About 60 members attended the dinner and the business session.

Mr. J. L. Price, manager of the bureau, summarized the activities of the bureau for the year, and gave a financial report which showed that it was the best year since the bureau was founded. He reported that during the year the bureau collected over one hundred thousand dollars for Doctors and Dentists. The average collection rate was 27% for all accounts turned over, which is the lowest reported rate for any bureau in the country, and much lower than that of commercial agencies.

A summary of other activities of the bureau was given by Dr. J. L. Fisher, the retiring president. These included a series of successful educa-

tional luncheon meetings, at which the membership was addressed by noted educators, economists, editors, officers of the Ohio State Medical Association, and Civilian Defense Officials. The luncheons as well as the annual dinner were furnished by the bureau to the members gratis, and have been well attended.

The bureau also sponsored an 18 weeks public speaking course which was popular with the membership. Much work for Civilian Defense and in connection with the radio programs on nutrition was also done by the bureau.

A surprise announcement was made by Pres. Fisher to the effect that favorable experience which the bureau has had with the budget loan plan would enable it to reduce the interest charges to 4%. This will save the patients from the necessity of going to high rate loan companies to finance medical bills, where they are charged as high as 12%. These loans are made by the bureau to patients who wish to pay doctor bills and are without recourse to the doctor.

The reports of President Fisher and Manager Price were enthusiastically received by the membership and officers for the coming year were elected.

The new officers are as follows:

President—Dr. Wm. Skipp.
Vice President—Dr. L. G. Coe.
Secretary—Dr. L. S. Deitchman.
Treasurer—Dr. L. D. Osborne.
Board of directors:

Dr. Paul Fuzy carried over together with the officers. New members elected were Dr. W. T. James, Dr. Claude B. Norris and Dr. E. J. Reilly.

L. S. Deitchman, M. D., Sec'y.

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